

238101

**JAMISON CONSULTANT'S BEHAVIORAL
HEALTH CENTER, LLC****FACSIMILE TRANSMITTAL SHEET**TO:
Clerk's OfficeFROM:
Mr. Willie Jamison/JCBHC

COMPANY:

DATE:

Public Service Commission

JULY 30, 2012

FAX NUMBER:

TOTAL NO. OF PAGES, INCLUDING COVER

(803) 896-5199

4

PHONE NUMBER:

SENDER'S REFERENCE NUMBER:

(803)896-5100

RE:

YOUR REFERENCE NUMBER:

REQUEST FOR SUSPENSION FORM☐ URGENT☐ FOR REVIEW☐ PLEASE COMMENT☐ PLEASE REPLY☐ PLEASE RECYCLE

NOTES/COMMENTS:

THANK YOU!**HAVE A GREAT DAY!!!**MAIL / DMS
PSC 00**CONFIDENTIALITY NOTICE**

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STATE OF SOUTH CAROLINA**(Caption of Case)**

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

Request for Suspension of a Class C Non Emergency Certificate

Jamison Consultants, LLC

**BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA**

TRANSPORTATION COVER SHEET**DOCKET**

NUMBER: 2011 - 471 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Jamison Consultants LLC

Telephone: 803-496-9000

Address: 421 Gardner Boulevard Holly Hill

Fax: 803-496-9009

P.O. Box 100 Holly Hill S.C. 29059

Other: _____

Email: W-Jay.Jamison@Centurylink.net

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Application - Class A/A Restricted | <input type="checkbox"/> Request for Name Change on Certificate |
| <input type="checkbox"/> Application - Class C Taxi | <input type="checkbox"/> Request to Amend Scope of Authority |
| <input type="checkbox"/> Application - Class C Charter | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application - Class C Charter Bus | <input type="checkbox"/> Request to Amend Passenger Limit |
| <input type="checkbox"/> Application - Class C Non-Emergency | <input type="checkbox"/> Request |
| <input type="checkbox"/> Application - Class C Stretcher Van | <input type="checkbox"/> Exhibit |
| <input type="checkbox"/> Application - Class E Household Goods | <input type="checkbox"/> Late-Filed Exhibit |
| <input type="checkbox"/> Application - Class E Hazardous Waste | <input type="checkbox"/> Letter |
| <input type="checkbox"/> Application | <input type="checkbox"/> Proposed Order |
| <input type="checkbox"/> Request for Extension to Comply with Order | <input type="checkbox"/> Publisher's Affidavit |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded | <input type="checkbox"/> Reservation Letter |
| <input type="checkbox"/> Request for Cancellation of Certificate | <input type="checkbox"/> Response |
| <input checked="" type="checkbox"/> Request for Suspension | <input type="checkbox"/> Return to Petition |
| <input type="checkbox"/> Request for Reinstatement | <input type="checkbox"/> Other: _____ |

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.



REQUEST FOR SUSPENSION FORM (ORS Rev 3-2-10)

File the original with:

Public Service Commission of South Carolina
Clerk's Office
Motor Carrier Matters
P.O. Box 11649
Columbia, S.C. 29211
(803) 896 - 5100
FAX (803) 896-5199

Mail or fax a copy to:

S.C. Office of Regulatory Staff
Transportation Department
1401 Main Street, Suite 900
Columbia, S.C. 29201
(803) 737-0578
FAX (803) 737-0815

DATE:

7-27-12

Please consider this as my Request for **Suspension** of:☐ Class C Taxi Certificate Number☐ Class C Charter Certificate Number☐ Class C Charter Bus Certificate Number☒ Non-Emergency Certificate Number☐ Class E Household Goods Certificate Number☐ Class E Hazardous Wastes Certificate Number

I request that my certificate be suspended until

7-30-2013

Date: (XX/XX/XXXX)

JAMISON CONSULTANTS, LLC

(Name of Company)

D/B/A

N/A

(if applicable)

421 Gardner Boulevard North Hill

(Street and or Mailing Address)

Holly Hill S.C. 29059

(City, State, Zip Code)

803-496-9000

(Telephone Number)

William P. Jamison CFO

(Signature and Title, i.e., President, Owner)

Pursuant to Regulation 103-164 applications are to state clearly and concisely the justification for the proposed suspension of service.

Reason for Request for Suspension of Operations:

Logistic Care, stated that at this time no additional
Transportation Providers in your coverage area are needed.

Request for Suspension of Class C Certificate

If you wish to request a temporary suspension of your certificate, you will need to complete two forms, a Transportation Docket Cover Sheet and a Request for Suspension form.

Information needed to complete the forms that you may not have is listed below:

Certificate Name: Jamison Consultants, LLC **Cert. Type:** Non Emergency **Cert. #:** 8576

Docket Number: 2011-471-T **Order Number:** 2011-887 **Date of Order:** 3-9-12

On the Request for Suspension form, you are asked to submit a DATE for the end of your suspension (see below)

I request that my certificate be suspended until 07-30-13.
Date: (XX/XX/XXXX)

It is helpful if you enter a day that is the last day of a month. Also, you can ask for up to twelve (12) months suspension time. If you ask for 12 months suspension, it doesn't mean you have to wait until the end of the 12 months to lift the suspension and comply in order to begin operating again. It just means that anytime during the 12 month period you can reinstate as long as it is before the last day of the requested suspension date.

Link to the Transportation Docket Cover Sheet

<http://www.regulatorystaff.sc.gov/Documents/Fillable%20PDFs/transcovershtr-fillable.pdf>

Link to the Request for Suspension form

<http://www.regulatorystaff.sc.gov/Documents/requestforsuspension.pdf>

Once you have completed both forms, you may:

1. Fax the forms to the Public Service Commission at 803-896-5199 to the attention of the Clerk's Office; or
2. Mail the forms to the following address:
Attn: Clerk's Office
Public Service Commission of S.C.
P.O. Box 11649
Columbia, S.C. 29211; or
3. Scan and email the completed forms to Janice.Schmieding@psc.sc.gov or tricia.desanty@psc.sc.gov

You may reach Janice at 803-896-5240, Tricia at 803-896-5125 or either one of them at 803-896-5100.